U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
OLMS DE			
1. File Number U - 667/	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN BANNO	Name TEAMSTERS LOCAL UNION 436		
	Labor Organization File Number 018-978		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 6051 CAREY DRIVE	Street 6051 CAREY DRIVE		
City VALLEY VIEW	City VALLEY VIEW		
State Ohio ZIP Code + 4 44125	State Ohio ZIP Code + 4 44125		
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanuadersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the		
Signed J. M. J.	On 8-9-05 2/6-318-/833 Date Telephone Number		

Name of Person Filing JOHN BANNO	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name MASTERS & ASSOCIATES Trade Name, if any: P.O. Box, Bldg., Room No., if any STE 1300 Street 1111 SUPERIOR AVENUE City CLEVELAND State Ohio ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ENTERTAINMENT TRAVEL, ACCOMODATIONS AND MEALS JULY 1 AND 2, 2004.		
	12.b. Amount. \$98		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing JOHN BANNO	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

O Nicona and address of Dusiness (including Acade groups if and	9. Business deals with:	
Name and address of Business (including trade name, if any).		
Name TEAMSTERS LOCAL 436 HEALTH & WELFARE	la Labor Overnination	
Trade Name, if any:	a. Labor Organization	
Trade reality. If any, in excitation or control of the excitation	b. Trust	
P.O. Box, Bldg., Room No., if any	Economical and Section 1999	
Street 6051 CAREY DRIVE	c. Employer	
City VALLEY VIEW		
State Ohio ZIP Code + 4 44125		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES HEALTH AND WELFARE BENEFITS TO MEMBERS OF TEAMSTERS LOCAL 436.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	Transference and the second se	
Street		And the second s
	Victoria de la constanta de la	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	EUCATIONAL SEMINAR REGISTRATION FEE.	
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		en midd-bebrer verste de de
	12.b. Amount.	\$1,310

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Name of Person Filing JOHN BANNO		File Number U-

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	iding trade name, if any).	9. Business deals with:	
Name TEAMSTERS LOCAL 436 HEALTH & WELFARE		a. Labor Organization b. Trust	
Trade Name, if any: P.O. Box, Bldg., Room No., if any			
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	TID Code 11.4		
State Ohio	ZIP Code + 4 44125		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.	
Name		PROVIDES HEALTH AND WELFARE BENEFI TEAMSTERS LOCAL 436	TS TO MEMBERS OF
Trade Name, if any:	aungas koppus (langun takan kalan		
propertional	Thomsone the financial state of the control of the control of the financial state of the control		and the order
P.O. Box, Bldg., Room No., if any			
Street			
A compress of recommendation and commendation and commend	in balanieleteissimiselemiseleteissimise op visioninstankäään kaapinaan periodossiirin kerusen vassa kassaat ohimmisen oli keruseleteisimiseleteisi		
City	er barkab-persogainsssoren njerk-jessen providssosse kieleksbassors soron operator operator operator som statematism en missel		
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	erttaten til attreven ett føren pokken, er en atkellen kladenske erten atkalen, en ekkelske en en kladense ken
		MEALS WHILE ATTENDING BOARD OF TRU	STEE MEETINGS.
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			To the second se
		12.b. Amount.	\$166
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